

## DEVELOPMENTAL COUNSELING FORM

For use of this form, see FM 22-100; the proponent agency is TRADOC

### DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397  
**PRINCIPAL PURPOSE:** To assist leaders in conducting and recording counseling data pertaining to subordinates.  
**ROUTINE USES:** For subordinate leader development IAW FM 22-100. Leaders should use this form as necessary.  
**DISCLOSURE:** Disclosure is voluntary.

### PART I - ADMINISTRATIVE DATA

Name (Last, First, MI)	Rank/Grade	Social Security No.	Date of Counseling
Organization		Name and Title of Counselor	

### PART II - BACKGROUND INFORMATION

**Purpose of Counseling:** (Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)

To:

- Conduct Family Care Plan Review (Valid Plan) Counseling IAW AR 600-20.

### PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

#### Key Points of Discussion:

(Rank/Name) \_\_\_\_\_, on (Date) \_\_\_\_\_, your family care plan was reviewed and found to be valid.

You are required to maintain the following forms in you Family Care Plan packet:

- \_\_\_\_ DA Form 5304-R (Family Care Plan Counseling) (Signed by the Commander or designated representative and Spouse's Commander or designated representative when dual military)
- \_\_\_\_ DA Form 5305-R (Family Care Plan) (Signed by the Commander and Spouse's Commander when dual military)
- \_\_\_\_ DA Form 5841-R (Special Power of Attorney for Guardianship) (Copy)
- \_\_\_\_ DA Form 5840-R (Certificate of Acceptance for Guardianship and Escort) (Original)
- \_\_\_\_ DD Form 1172 (ID Card Application - one per dependent)
- \_\_\_\_ DD Form 2558 (Allotment Form or other proof of financial support)
- \_\_\_\_ Letter of Instruction to Guardian(s) and Escort (Copy)
- \_\_\_\_ Will (optional)

### OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment (*other than rehabilitative transfers*), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

**Plan of Action:** *(Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below).)*

- Soldier stated that he/she understood the contents of the counseling. Informed the soldier that should any items change in the Family Care Plan that they are responsible for immediately updating the required forms. In addition, the soldier was informed that the command may require the execution of the plan to verify validity or contact the personnel listed in the plan.
- Requested the soldier inform me of any issues or concerns he/she may have pertaining to the family care plan or other issues.

**Session Closing:** *(The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)*

Individual ☐ I agree ☐ disagree with the information above.

Individual counseled remarks:

Signature of Individual \_\_\_\_\_ Date: \_\_\_\_\_

**Leader Responsibilities:** *(Leader's responsibilities in implementing the plan of action.)*

- Monitor family care plan.
- Execute/verify family care plan is in working order.

Signature of Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

#### **PART IV - ASSESSMENT OF THE PLAN OF ACTION**

**Assessment:** *(Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)*

Counselor: \_\_\_\_\_ Individual \_\_\_\_\_ Date of \_\_\_\_\_

**Note:** Both the counselor and the individual counseled should retain a record of the counseling.